



07-19-00

GP 2773 #

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|----------------------|------------------------|----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/201,644 | |
| | Filing Date | November 30, 1999 | |
| | First Named Inventor | K. PABLA | |
| | Group Art Unit | 2773 | |
| | Examiner Name | S. SAX | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 83000.1076/P3674/AES |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Check for \$110.00; return receipt postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | A REQUEST IS HEREBY MADE FOR A ONE MONTH EXTENSION ON RESPONSE TO OFFICE ACTION OF MARCH 17, 2000. |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | The Hecker Law Group by Gary A. Hecker |
| Signature | |
| Date | July 17, 2000 |

| CERTIFICATE OF MAILING | | Express Mail |
|---|---|--------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date July 17, 2000 | | |
| Typed or printed name | Deanna Groover / Express Mail # EL582484791US | |
| Signature | | Date July 17, 2000 |

⊕ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 110.00

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/201,644 |
| Filing Date | November 30, 1998 |
| First Named Inventor | K. PABLA |
| Examiner Name | S. SAX |
| Group / Art Unit | 2773 |
| Attorney Docket No. | 83000.1076/P3674/AES |

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------|---------------|---------------|---------------|------------------------|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | |
| 101 | 690 | 201 | 345 | Utility filing fee | |
| 106 | 310 | 206 | 155 | Design filing fee | |
| 107 | 480 | 207 | 240 | Plant filing fee | |
| 108 | 690 | 208 | 345 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1) (\$) ---

2. EXTRA CLAIM FEES

| Total Claims | | Extra Claims | | Fee from below | | Fee Paid | |
|--------------|--------------------|--------------|------|----------------|---|----------|---|
| Independent | Multiple Dependent | -20** | -3** | X | = | X | = |
| | | | | | | | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------|---------------|---------------|---------------|--|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 78 | 202 | 39 | Independent claims in excess of 3 | |
| 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid | |
| 109 | 78 | 209 | 39 | ** Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |

SUBTOTAL (2) (\$) ---

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|---------------|---------------|---------------|---------------|--|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | |
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | 110.00 |
| 116 | 380 | 216 | 190 | Extension for reply within second month | |
| 117 | 870 | 217 | 435 | Extension for reply within third month | |
| 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | |
| 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | |
| 119 | 300 | 219 | 150 | Notice of Appeal | |
| 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | |
| 121 | 260 | 221 | 130 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | |
| 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | |
| 143 | 430 | 243 | 215 | Design issue fee | |
| 144 | 580 | 244 | 290 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) | |

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 110.00

SUBMITTED BY

Name (Print/Type) Gary A. Hecker
Signature

Registration No. 31,023
(Attorney/Agent)

Complete (if applicable)

Telephone 310-286-0377
Date July 17, 2000

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CHECK REQUEST FORM

DATE: July 17, 2000



PAYABLE TO: ASSISTANT COMMISSIONER FOR PATENTS

ADDRESS: Assistant Commissioner for Patents and Trademarks
Washington, D.C. 20231

TC 2700 MAIL ROOM

JUL 24 2000

RECEIVED

AMOUNT: \$110.00

DESCRIPTION: Fee for 1 month extension for filing a response for M/A
FOR DETECTING DEVICE SUPPORT IN A GRAPHICAL USER
INTERFACE

CLIENT NAME: SUN MICROSYSTEMS, INC.

G/L #: _____

CLIENT #: 83000.1076/P3674/AES

REQUESTED BY:

A.S.A.P

GAH/DC/dg

NEED BY: July 17, 2000